MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56	1					
7		1					57		1				
8		1					58		1				
9	1						59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13	1						63		1				
14		1					64		1				
15		1					65		1				
16		1					66	1					
17		1					67	1					
18		1					68		2				
19		1					69		2				
20		1					70		2				
21		1					71		2				
22		1					72		2				
23		1					73		2				
24		1					74		2				
25		1					75		2				
26		1					76		2				
27		1					77		2				
28		1					78		2				
29		1					79		2				
30		1					80		2				
31		1					81		1				
32	1						82		1				
33		1					83		1				
34		1					84		2				
35		1					85		1				
36		1					86		2				
37		1					87		2				
38		1					88		2				
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	97					
TOTAL CLAIMS							TOTAL CLAIMS	105					

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS